Case 15-43234 Doc 1	Filed 12/23/15	Entered 12/23/15 18:13:28	Desc Main
Fill in this information to identify your case:		age 1 of 65	
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)			
(State)			
Case number (if known)	Chapter you are filing under:		
	Chapter 7 Chapter 11		
	Chapter 12 Chapter 13		Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pá	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Deborah	
		First name	First name
	Write the name that is on	0	
	your government-issued picture identification (for	Middle name	Middle name
	example, your driver's	Maxwell	
	license or passport	Last name	Last name
	Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last	First name	First name
	8 years		
	Include your married or	Middle name	Middle name
	maiden names.		
		Last name	Last name
		First	Flactores
		First name	First name
		Middle name	Middle name
		aic name	
		Last name	Last name
3.	Only the last 4 digits	XXX - XX- <u>8204</u>	xxx - xx-
	of your Social Security number or	OR	OR
	federal Individual	9 xx - xx-	9 xx - xx-
	Taxpayer		
	Identification		
	number (ITIN)		

Debtor 1 Debora Case 15- First Name	-43234 o Doc 1	Filed 12//2x3		12/23/15 (1k8)	43: <u>28 Desc</u>	<u>Main</u>
First Name	ivilidate Name	Docume	hit Page 2 of	1 65		
	About Debtor 1:			About Debto	r 2 (Spouse Only	in a Joint Case):
4. Any business names and Employer	✓ I have not used an	ny business names o	r EINs.	I have not u	sed any business name	es or EINs.
Identification Numbers (EIN) you have used in the last	Business name			Business nam	ne	
8 years	Business name			Business nam	ne	
Include trade names and doing business as names						
5. Where you live				If Debtor 2 live	es at a different addre	ess:
		44 Spaulding Ave #	4			
	Number Stre	eet		Number	Street	
	Markham	Illinois	60428			
	City	State	Zip Code	City	State	Zip Code
	Cook					
	County			County		
	If your mailing address it in here. Note that the mailing address.		notices to you at this	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
	Number Stre			Number	Street	
	Riverdale	Illinois	60827			
	City	State	Zip Code	City	State	Zip Code
6. Why you are choosing this	Check one:			Check one:		
district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			Over the last 180 days before filing this petition, I have live in this district longer than in any other district.		
	I have another rea	son. Explain. (See 2	8 U.S.C. §§ 1408.)	I have anoth	her reason. Explain. (Se	ee 28 U.S.C. §§ 1408.)

Page 3 of 65 Document of the Document of th Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to ✓ Chapter 7 fileunder Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ✓ No. bankruptcy within the last 8 years? Yes. District When MM / DD / YYYY When Case number MM / DD / YY District _____ When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes. District Relationship to you spouse who is not When Case number, if known filing this case with you, or by a District Relationship to you business partner, or When Case number, if known by an affiliate? MM / DD / YYYY 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Debtor 1

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Page 4 of 65 Document[®] Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole \square No. Go to Part 4. proprietor of any full- or part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. City Zip Code If you have more than State one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? ◪ No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

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Debtor 1

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Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: ✓ I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. that you developed with the agency. I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of completion. completion. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment plan, if any. plan, if any, I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required you to file this case. you to file this case. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit

counseling because of:				
Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			
Disability.	My physical disability causes me to be unable to participate in a briefing in			

do so. Active duty. I am currently on active military duty in a military combat zone.

person, by phone, or through the

internet, even after I reasonably tried to

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

counseling because of: Incapacity. I have a mental illness or a mental deficiency that makes me incapable of

> realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debora Case 15-43234 o Doc 1 Filed 12//23/15 Entered 1:2423/115/118:413:28 Desc Main Page 6 of 65 Document Document Answer These Questions for Reporting Purposes Part 6: 16.a Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16.b Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Do you estimate that paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **✓** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you **✓** \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Deborah Maxwell Signature of Debtor 2 Signature of Debtor 1 Executed on 12/24/2015 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Roger Leshinsky			Date	12/24/2015	
Signature of Attorney for Debtor				MM / DD / YYYY	
Roger Leshinsky					
Printed name					
Semrad Law Firm					
Firm name					
Number	Street				
City		State		Zip Code	
Oity		Siale		Zip Code	
Contact phone			E	Email address	
Bar number				State	

<u>Doc 1 Filed 12/23/15 Entered 12/2</u>3/15 18:13:28 Desc Main Fill in this information to identify your case: Debtor 1 Deborah Maxwell First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$66,500.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$6,719.00 1b. Copy line 62, Total personal property, from Schedule A/B \$73,219.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$88,387.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$300.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$3,261.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$91,948.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I)

5. Schedule J: Your Expenses (Official Form 106J)

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$2,472,54

\$2,468.00

Debora Case 15-43234 Filed 121/23/15 Entered 1:24/23/145/148:143:28 Desc Main oDoc 1 Debtor 1 Page 9 of 65 Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$3,541.95 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations (Copy line 6a.) \$300.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$300.00

9g. Total. Add lines 9a through 9f.

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Fill in this	information	on to identify your case	1		i j				
Debtor 1	D	eborah	0		Maxwell				
		irst Name	Middle	Name I	Last Name				
Debtor 2	<u> </u>								
(Spouse,	if filing) Fi	irst Name	Middle	Name I	Last Name				
United Sta	ates Bank	ruptcy Court for the:	Northern	Distric	t of Illinois (State)				
Case num	nber _				(State)				
								Check if this is an	
Officia	al For	m 106A/B						amended filing	
Sche	dule	A/B: Prope	rty					12/1	
category v responsib write your	where you ble for sup name an	u think it fits best. Be oplying correct infor d case number (if kn	e as complete and mation. If more s own). Answer ev	d accurate as poss space is needed, at ery question.	e. If an asset fits in more ible. If two married peop tach a separate sheet to Real Estate You Ow	ole are filin o this form	g together, both are eq . On the top of any add	ually	
_					ilding, land, or similar pr				
	No. Go t			· any roomanico, sa	namy, rana, or on mar pr	opoliy .			
		ere is the property?							
		ere ie are property :		What is the pro	perty? Check all that apply	v	Do not deduct secured o	laims or exemptions. Put	
1.1	Home				Single-family home		the amount of any secured claims on Schedule D:		
	Street address, if available, or other description			Duplex or multi-unit building			Creditors Who Have Claims Secured by Property.		
	Number	16344 Spaulding Street	J AVE # 4	- =	n or cooperative		Current value of the	Current value of the	
					d or mobile home		entire property? \$66500.00	portion you own? \$66500.00	
	Markhan		60428	Land					
	City	State	Zip Code	Investment pr	operty		Describe the nature of interest (such as fee si	•	
	Cook			Timeshare			the entireties, or a life		
	County			Other			Fee Simple		
				Who has an inte	erest in the property? Cl	heck one.	i ee oimpie		
				Debtor 1 only			Check if this is co		
				Debtor 2 only			(see instructions)		
				Debtor 1 and	Debtor 2 only				
				At least one o	f the debtors and another				
					on you wish to add abou	ut this item	n, such as local		
					ication number:				
If you	own or ha	ve more than one, list h	ere:						
				What is the pro	perty? Check all that apply	y.		laims or exemptions. Put	
1.2	Street ac	ddress, if available, or	other description	Single-family	home			ed claims on Schedule D: aims Secured by Property.	
	Olicciac	adicos, ii avallabic, or	otrici description	Duplex or mu	ılti-unit building		Creditors who have cit	airns Secured by Froperty.	
	-			 Condominium 	n or cooperative		Current value of the	Current value of the	
				Manufactured	d or mobile home		entire property?	portion you own?	
	Number	Street		- Land					
	ramoor	Ciroot		Investment pr	operty		Describe the nature of		
	City	State	Zip Code	- Timeshare			interest (such as fee si the entireties, or a life		
	Ony	Claio	2.p 0000	Other					
				Who has an inte	erest in the property? Cl	heck one.			
				Debtor 1 only			Check if this is co (see instructions)		
				Debtor 2 only			(***********************************		
					Debtor 2 only				
					f the debtors and another				
				_		ıt thic ito-	such as local		
					on you wish to add abou ication number:	acuns itell	ı, sucii as lücal		

Debtor 1	Debora Case 15-432		Filed 12/23/15 Entered 1:2/23/15	(148443: <u>28 Des</u>	c Main
	First Name Middle Name		Docume Page 11 of 65 //hat is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property?	
City	Street State	Zip Code	Investment property Timeshare Other	Describe the nature of interest (such as fee sinthe entireties, or a life of the entireties).	mple, tenancy by
			Tho has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another ther information you wish to add about this item, s	Check if this is con (see instructions)	mmunity property
		pı ion you own for all:	roperty identification number: of your entries from Part 1, including any entries fo	or pages	0.00
Oo you ow ou own tha	at someone else drives. If youns, trucks, tractors, sport utili	quitable interest in a lease a vehicle, also	any vehicles, whether they are registered or not? In report it on Schedule G: Executory Contracts and Unexpes		
3.1	Make Model: Year:	Kia Forte 2011	Who has an interest in the property? Check one. Debtor 1 only	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.
	Approximate mileage: Other information: 2011 Kia Forte Est. 121,000	121000 miles	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Current value of the entire property? \$4100.00	Current value of the portion you own? \$4100.00
3.2	Model: Year:		instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured of the amount of any secure Creditors Who Have Cla	•
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?

	Debora Case 15-43234 oD		5@148w113: <u>28 Des</u>	<u>c Main</u>
3.3	Make Model: Year:	Documainate Page 12 of 65 Who has an interest in the property? Check one. Debtor 1 only		laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.
	Approximate mileage: Other information:	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		Check if this is community property (see instructions)		
3.4	Make Model:	Who has an interest in the property? Check one.	•	ed claims on Schedule D:
	Year:	Debtor 1 only	Creditors Who Have Cla	nims Secured by Property.
	Approximate mileage: Other information:	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Culci information.			
		At least one of the debtors and another		
		Check if this is community property (see instructions)		
4.1	Make Model: Year:	Who has an interest in the property? Check one.	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.
	Approximate mileage:	Debtor 2 only		
	Other information:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		At least one of the debtors and another Check if this is community property (see instructions)		
4.2	Make Model:	Who has an interest in the property? Check one.	Do not deduct secured of	•
	Year:		•	ed claims on Schedule D: nims Secured by Property.
		Debtor 1 only Debtor 2 only	•	
	Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Creditors Who Have Cla	nims Secured by Property.
	Year: Approximate mileage:	Debtor 1 only Debtor 2 only	Creditors Who Have Cla	ims Secured by Property. Current value of the

Debtor 1 Debtora Case 15-43234 ODOC 1 Filed 12/423/15 Entered 12/23/15 (18:43:13:28 Desc Main

Page 13 of 65 Describe Your Personal and Household Items Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No ✓ Yes. Describe... Used Furniture \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games **√** No Yes. Describe... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **✓** No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **✓** No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ✓ Yes. Describe... Used Clothing and Shoes \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ✓ Yes. Describe... Misc. Costume Jewelry \$50.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No

\$900.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

Yes. Describe...

Debora Case 15-43234 o Doc 1 Filed 121/23/15 Entered 121/23/115 (18:413:28 Desc Main Page 14 of 65 Documethe ne **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Institution name: Yes 17.1. Checking account: Bank of America \$500.00 17.2. Checking account: 17.3. Savings account: Bank of America

17.4. Savings account:17.5. Certificates of deposit:17.6. Other financial account:17.7. Other financial account:17.8. Other financial account:17.9. Other financial account:

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

Institution or issuer name:

18. Bonds, mutual funds, or publicly traded stocks

✓ No

Yes

them

Debt	or 1 Debora Case 15	<u>5-43234</u>	oDoc 1	Filed 12/23/15	Entered 12/23/15 (18/13:2	28 Desc Main	
20.	Government and corp Negotiable instruments i	First Name Docume Page 15 of 65 overnment and corporate bonds and other negotiable and non-negotiable instruments egotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. on-negotiable instruments are those you cannot transfer to someone by signing or delivering them.					
	No	ents are those	you carmot trai	ister to someone by signing	g of delivering them.		
	Yes. Give specific						
	information about them	Issuer name	9:				
21.			eogh, 401(k), 4	03(b), thrift savings accour	ts, or other pension or profit-sharing plans		
	✓ No	Type of acco	ount:	Institution name:			
	Yes. List each account separately.	401(k) or sir					
		Pension pla	n:				
		IRA:					
		Retirement a	account:				
		Keogh:					
		Additional a	ccount:				
		Additional a	ccount:				
22.	Examples: Agreements companies, or others	deposits you h	ave made so th	at you may continue servic oublic utilities (electric, gas	e or use from a company water), telecommunications		
	✓ No			Institution name:			
	Yes	Electric:					
		Gas:					
		Heating oil:				<u> </u>	
		Security dep	oosit on rental u	ınit:			
		Prepaid ren	t:				
		Telephone:					
		Water:					
		Rented furn	iture:				
		Other:					
23.	·	or a periodic pa	lyment of mone	y to you, either for life or for	a number of years)	<u>-</u>	
	✓ No Yes	Issuer name	e and descriptio	n:			
		-					

Deb	tor 1 Deborate ase 1		OCI FIIEO 12Waxaye115 EI		Desc Main		
24.	Interests in an educate 26 U.S.C. §§ 530(b)(1),			ge 16 of 65 under a qualified state tuition program.			
	No Institutio	Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):					
25.			property (other than anything listed in	line 1), and rights or powers			
	exercisable for your b	enerit					
	Yes. Describe						
26.			secrets, and other intellectual property s, proceeds from royalties and licensing a				
	✓ No Yes. Describe						
27.	Licenses, franchises, Examples: Building perr		intangibles ses, cooperative association holdings, lic	quor licenses, professional licenses			
	✓ No						
	Yes. Describe						
Mo	ney or property ow	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.		
28.	Tax refunds owed to ye	ou			·		
	No No	former of the co	Anticipated 2015 Tax Refund	Federal:	\$719.00		
		cluding whether	Amiopaled 2013 Tax Neturia	State:			
	you already file and the tax yea			Local:			
29.	Family support Examples: Past due or lu	mp sum alimony, sp	ousal support, child support, maintenance	e, divorce settlement, property settlement			
	No			Alimony:			
	Yes. Give specific in	formation		Maintenance:			
				Support:	<u> </u>		
				Divorce settlement:			
30.	Other amounts someo	ne owes vou		Property settlement:			
50.	Examples: Unpaid wages	s, disability insuranc	e payments, disability benefits, sick pay, v ans you made to someone else	acation pay, workers' compensation,			
	✓ No	•					
	Yes. Describe						

Deb	tor 1 Deborate ASE 15-43234 ODOC 1 First Name Middle Name	FIIEG 12Waxs/e15	Entered Day 234	111 (111 11 11 11 11 11 11 11 11 11 11 1	<u>esc main</u>
31.	Interests in insurance policies	Document notice	Page 17 of 65		
	Examples: Health, disability, or life insurance; health	h savings account (HSA); cre	dit, homeowner's, or rente	er's insurance	
	✓ No				
	Yes. Name the insurance company	Company name:		Beneficiary:	Surrender or refund value:
	of each policy and list its value				
		-			-
				<u> </u>	
32.	Any interest in property that is due you from so If you are the beneficiary of a living trust, expect pro		oliou or oro ourropthy optitle	ad ta raggiva	
	property because someone has died.	iceeus iloiti a ille ilisulalice pi	oncy, or are currently entitle	o to receive	
	✓ No				
	Yes. Describe				
	Tes. Describe				
33.	Claims against third parties, whether or not yo		de a demand for payme	nt	
	Examples: Accidents, employment disputes, insura	nce claims, or rights to sue			
	✓ No				
	Yes. Describe				
34.	Other contingent and unliquidated claims of e to set off claims	very nature, including cou	nterclaims of the debto	r and rights	
	✓ No				
	Yes. Describe				
35.	Any financial assets you did not already list				
	✓ No Yes. Describe				
	Tes. Describe				
36.	Add the dollar value of all of your entries from for Part 4. Write that number here				\$1719.00
	TOT FAIL 4. Write that number here			<u></u>	
Part	5: Describe Any Business-Related Pro	onorty Vou Own or Ha	vo an Interest In I i	ist any roal ostato i	Dart 1
	Do you own or have any legal or equitable inter			St ally real estate in	i rait i.
31.		est in any business-related	property:		Current value of the
	No. Go to Part 6.				portion you own?
	Yes. Go to line 38.				Do not deduct secured claims
20	A	do			or exemptions
38.	Accounts receivable or commissions you alread	ay earned			
	✓ No				
	Yes. Describe				
30	Office equipment, furnishings, and supplies				
39.	Examples: Business-related computers, software, n	nodems, printers, copiers, fax	machines, rugs, telephone	es, desks, chairs, electroni	c devices
	▼ No	, ,	•	•	
	Yes. Describe				
	L 103. Describe				

	Debora Case 15 First Name	5-43234 oDoc 1	Filed 12½3½15 Documering P se in business, and tools of		esc Main
40.	_	uipment, supplies you u	se in business, and tools of	your trade	
	✓ No				1
	Yes. Describe				
41.	Inventory				
	✓ No				
	Yes. Describe				
42.	Interests in partnershi	ps or joint ventures			
	✓ No				
	Yes. Give specific		Name of entity:	% of ownership:	
	information about				_
	them				
43. (Customer lists, mailing	lists, or other compilatio	ns		
	✓ No	,			
		clude personally identifiable	e information (as defined in 11 l	LS.C. § 101(41A))?	
		,,	(3 (4).	
	☐ No				
	Yes. Descr	ibe			
44.	Any business-related p	roperty you did not alrea	dy list		
	✓ No				
	Yes. Give specific				
	information				
15 A	dd tho dollar valuo of al	l of your ontrine from Da	rt 5, including any entries fo	r nages you have attached	
		-			
Part		Farm- and Commerci		perty You Own or Have an Interest In	
46.	Do you own or have a	ny legal or equitable inte	rest in any farm- or commerc	cial fishing-related property?	
	No. Go to Part 7.	•	-		Current value of the
	Yes. Go to line 47.				portion you own? Do not deduct secured
					claims
					or exemptions
47.	Farm animals Examples: Livestock, pour	ultry farm-raised fish			
	_	ani j, Tarrir Taidoù 11311			
	✓ No				1
	Yes. Describe				

	First Name Middle Name Doch		Entered 12st Page 19 of 6	23/15/18:13: <u>28</u> 5	Desc I	Main
48.	Crops-either growing or harvested		-			
	✓ No					
	Yes. Describe					
49.	Farm and fishing equipment, implements, machinery, fixture	es, and tools	of trade			
	✓ No					
	Yes. Describe					
50.	Farm and fishing supplies, chemicals, and feed					
00.	No					
	Yes. Describe					
51.	Any farm- and commercial fishing-related property you did n Examples: Livestock, poultry, farm-raised fish	ot already lis	st			
	✓ No					
	Yes. Describe					
	dd the dollar value of all of your entries from Part 6, including art 6. Write that number here				-	
Part	7: Describe All Property You Own or Have an Inte	erest in Tl	nat You Did Not	List Above		
53.	Do you have other property of any kind you did not already li Examples: Season tickets, country club membership	ist?				
	✓ No					
	Yes. Give specific					
	information					
54. A	dd the dollar value of all of your entries from Part 7. Write that	t number he	re		>	
					_	
Part	8: List the Totals of Each Part of this Form					
55. I	Part 1: Total real estate, line 2					\$66500.00
56. j	part 2 total vehicles, line 5	\$4100.00)			
57. P	art 3: Total personal and household items, line 15	\$900.00				
58. F	art 4: Total financial assets, line 36	\$1719.00				
59. i	Part 5: Total business-related property, line 45	φ1719.00	<u>'</u>			
	Part 6: Total farm- and fishing-related property, line 52					
	Part 7: Total other property not listed, line 54			7	ı	
62.	Total personal property. Add lines 56 through 61	\$6719.00)	Convenerations	tol b	+ \$66500.00
				Copy personal property to	olal ≯ 	
	lated of all mannagers on Oaksadule AID AILIPS 55 (Pr. 00					\$73219.00
03. 	otal of all property on Schedule A/B. Add line 55 + line 62					

	in this inform	Case 15-43234 ation to identify your case:	Doc 1 Filed 12/2	23/15 Entered 1 <i>2/2</i>	3/15 18:13:28	Desc Main
	btor 1	Deborah	0	Maxwell		
	otor 2	First Name	Middle Name	Last Name		
	ouse, if filing) ited States Ba		Middle Name orthern D	Last Name istrict of Illinois		
Cas	se number			(State)		
	ficial F	Form 106C				Check if this is a amended filing
		C: The Prope	rtv You Claim	as Exempt		12/1
For is to exe rece exe pro	each iten o state a s mpted up eive certa mption of perty is d t1: Ident	pecific dollar amount to the amount of any in benefits, and tax-ex 100% of fair market v etermined to exceed t	n as exempt, you must as exempt. Alternative applicable statutory compt retirement fundalue under a law that hat amount, your exelaim as Exempt	st specify the amount of ely, you may claim the full limit. Some exemptions as—may be unlimited in limits the exemption to mption would be limited and your spouse is filing with you.	ull fair market value —such as those for dollar amount. How a particular dollar to the applicable s	r health aids, rights to wever, if you claim an amount and the value of the
	You ar	e claiming federal exemptions	. 11 U.S.C. § 522(b)(2)			
2.	For any pr	operty you list on Schedule	A/B that you claim as exe	mpt, fill in the information belo	ow.	
		ription of the property and lle A/B that lists this prope		Amount of the exemption you Check only one box for each ex	·	cific laws that allow exemption
	Brief			_		735 ILCS 5/12-1001(b)
	description Line from Schedule A		\$500.00	\$500.00 100% of fair market value, u		
	Brief			applicable statutory limit		735 ILCS 5/12-1001(b)
	description Line from Schedule A		\$500.00	\$500.00		
3.	(Subject to	•	ery 3 years after that for case	applicable statutory limit ? s filed on or after the date of adjust 1,215 days before you filed this of	,	

Debtor 1 Debora Case 15-43234 ODOC 1 Filed 12/12/34/15 Entered 12/12/34/15 (14/8):13:28 Desc Main
First Name Document Name Docum

Part 2: Additional Page Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$500.00 \checkmark **Used Furniture** description: \$500.00 Line from 100% of fair market value, up to any Schedule A/B: 06 applicable statutory limit 735 ILCS 5/12-1001(a), (e) **Used Clothing and** Brief \$350.00 $\overline{}$ description: **Shoes** \$350.00 Line from 100% of fair market value, up to any Schedule A/B: 11 applicable statutory limit Brief 735 ILCS 5/12-1001(b) \$50.00 $\overline{\mathbf{A}}$ description: Misc. Costume Jewelry \$50.00 Line from 100% of fair market value, up to any Schedule A/B: 12 applicable statutory limit 735 ILCS 5/12-1001(g)(1), (2), (3) Brief Anticipated 2015 Tax \$719.00 \checkmark Refund description: \$719.00 Line from 100% of fair market value, up to any

applicable statutory limit

Schedule A/B:

28

		se 15-43234		nc 1 Filed	12/23/15	Entered 12/2;	3/15 18:13:28	Desc Main	
Fill in this	s information	to identify your case							
Debtor 1	Deb	orah		0	Maxwe	ell			
		Name		Middle Name	Last N	_			
Debtor 2	if filing) First	Nama		Mishalla Nassas	LastN				
(Opouse,	" """9) FIRST	Name		Middle Name	Last N	ame			
United S	tates Bankrup	otcy Court for the:	Northe	rn	District of III				
Case nu					(6	State)			
Offic	ial For	m 106D							neck if this is a
			ore	Who Ha	va Clair	ne Sacura	d by Prope		nended filing
									12/1
	-		-				-	ly responsible for	
		-				•		ies, and attach it t	o this
	•	-			r name and d	ase number (if ki	nown).		
1. Do	-	s have claims secu							
닏				o the court with yo	ur other schedule	s. You have nothing else	e to report on this form.		
✓	Yes. Fill in a	ll of the information	below.						
Part 1:	List All S	ecured Claims							
						editor separately for eac	ch Column A	Column B	Column C
		n one creditor has a				art 2. As much as	Amount of claim	Value of collateral	Unsecured
pos	sidie, list the t	claims in alphabetic	ai order a	iccording to the cr	editor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 FAY	FINANCIAL								\$14,040.00
	ditor's Name		De	scribe the prope	rty that secures	the claim:	\$80,540.00	\$66,500.00	φ14,040.00
	W NORTH		I V	alue: \$66,500.00					
1	Number	Street			ile, the claim is:	Check all that apply.			
			$-\Box$	Contingent					
		Illinois 60642		Unliquidated					
	City	State ZIP C debt? Check one.	ode	Disputed					
VVII	Debtor 1 only		Na:	ture of lien. Chec	k all that apply.				
片	Debtor 2 only			1		mortaga or gooured			
H	,	/ I Debtor 2 only	V	car loan)	ou made (such as	mortgage or secured			
H		of the debtors and		,	ch as tax lien, me	chanic's lien)			
_	another			Judgment lien fro	om a lawsuit				
Ш		s claim relates to a	a 🗌	Other (including	a right to offset) _		=		
Date	community e debt was ir)4 La:	st 4 digits of acc	ount number	8635			
_	Financial							£4.400.00	¢2 747 00
	ditor's Name		— De	scribe the prope	ty that secures	the claim:	\$7,847.00	\$4,100.00	\$3,747.00
PO	183834		201	11 Kia Forte Est. 1	21 000 miles I Val	ue: \$4 100 00			
1	Number	Street				Check all that apply.			
-			$-\Box$	Contingent					
	_	Texas 76096		Unliquidated					
	City	State ZIP C debt? Check one.	ode	Disputed					
	Debtor 1 only			ture of lien. Chec	k all that apply.				
片	Debtor 2 only			i		mortgage or secured			
H	•	l Debtor 2 only		car loan)	u made (such as	mongage or secured			
H		of the debtors and		,	ch as tax lien, me	chanic's lien)			
	another	or are debicts and	F	Judgment lien fro		,			
	Check if this	s claim relates to a	a 📙	Other (including					
	community				_	9303	=		
Date	e debt was ir			st 4 digits of acc			_	1	
	Add t	he dollar value of	vour en	tries in Column	A on this page.	Write that number	\$88.387.00		

here:

	Case 15-43234		ed 12/23/15	Entered 1	<u>2/2</u> 3/15 18	3:13:28	Desc	Main	
Fill in this informa	ation to identify your case	:		- U					
Debtor 1	Deborah	0	Maxwe	ell					
	First Name	Middle Name	e Last N	ame					
Debtor 2									
(Spouse, if filing)	First Name	Middle Name	e Last N	ame					
United States Ba	ankruptcy Court for the:	Northern	District of III	nois state)	_				
Case number (If known)			(0	, according to the control of the co	_				
Official Fo	orm 106E/F						Chec	ck if this is ar	n amended filing
Schedu	le E/F: Cre	ditors Who	o Have U	nsecure	ed Clair	ns			12/1
 Do any cre No. Go Yes. List all of y identify what 	All of Your PRIORIT editors have priority uns o to Part 2. your priority unsecured at type of claim it is. If a cla	ecured claims agains claims. If a creditor has im has both priority and	s more than one prior	list that claim her	re and show both	priority and	d nonpriority a	amounts. As	much as
•	st the claims in alphabetica ore than one creditor hold	-	•		an two priority uns	secured cla	aims, fill out th	ie Continuati	on Page of
(For an exp	planation of each type of c	laim, see the instruction	s for this form in the i	nstruction bookle	t.)				
							Total claim	Priority amount	Nonpriority amount
2.1 Internal Rev	enue Service		1 4 11 14 6				\$300.00	\$300.00	\$0.00
Priority Cree	ditor's Name		Last 4 digits of a				4000.00	Ψοσοίσο	Ψ0.00
P.O. Box 734			When was the de	bt incurred?	n/a				
Number	Street		As of the date you	ı file, the claim i	is: Check all that	apply.			
	State red the debt? Check one	Zip Code	Contingent Unliquidated Disputed						
✓ Debtor			Type of PRIORITY	unsecured cla	im:				
Debtor	•		Domestic supp	oort obligations					
_	1 and Debtor 2 only		✓ Taxes and cert	ain other debts yo	ou owe the govern	nment			
=	one of the debtors and an if this claim relates to a		Claims for dea intoxicated	th or personal inj	ury while you wer	re			
	n subject to offset?		Other. Specify						
✓ No ☐ Yes	-					·			

Deb	or 1 Debora Case 15-43234 ODoc 1 Filed 121/2	3415 Entered 12423/115 /148:13:28 Desc Ma	ain
Part	First Name Middle Name DOCUM® 2: List All of Your NONPRIORITY Unsecured Claims	ነትቸ ^{me} Page 24 of 65	
3.	Do any creditors have nonpriority unsecured claims against you?	?	
	No. You have nothing to report in this part. Submit this form to the o	court with your other schedules.	
	Yes.		
4.	unsecured claim, list the creditor separately for each claim. For each claim	order of the creditor who holds each claim. If a creditor has more than aim listed, identify what type of claim it is. Do not list claims already including in Part 3.If you have more than four priority unsecured claims fill out the	ded in Part 1.
			Total claim
4.1	CMRE. 877-572-7555 Nonpriority Creditor's Name	Last 4 digits of account number5949	\$250.00
	3075 E IMPERIAL HWY STE	When was the debt incurred? 8/1/2015	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	BREA California 92821 City State Zip Code	- Unliquidated	
	City State Zip Code Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that	
	At least one of the debtors and another	you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	✓ Other. Specify	
	✓ No		
	Yes		
4.2	Ingalls Memorial	- Last 4 digits of account number	\$565.00
	Nonpriority Creditor's Name		
	One Ingalls Drive Number Street	When was the debt incurred?n/a	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Harvey Illinois 60426 City State Zip Code	- Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that	
	At least one of the debtors and another	you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	✓ Other. Specify	
	<u>✓</u> No		
	Yes		
4.3	MBB	- Last 4 digits of account number 4599	\$50.00
	Nonpriority Creditor's Name 1550 N NORTWEST HWY STE 403	When was the debt incurred? 8/1/2013	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	PARK RIDGE Illinois 60068	- Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Ä	
		Student loans	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim relates to a community debt Is the claim subject to offset?	Other. Specify	
	No		
	Yes		

Debora Case 15-43234 oDoc 1 Filed 12423415 Entered 1:24/2/3/11/5 (11/8):413:28 Desc Main Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page 25 of 65 Part 2: Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. 4.4 McNeal Health Network \$500.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2384 Paysphere Circle Number Street As of the date you file, the claim is: Check all that apply. Contingent 60674 Chicago Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify Is the claim subject to offset? **✓** No Yes 4.5 RECEIVABLES PERFORMANC \$1,118.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 20816 44th Avenue W Number Street As of the date you file, the claim is: Check all that apply. Contingent Washington 98036 Lynnwood Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify Is the claim subject to offset? **✓** No Yes 4.6 STELLAR RECOVERY INC \$376.00 Last 4 digits of account number 1041 Nonpriority Creditor's Name 4500 Salisbury Rd Ste 10 When was the debt incurred? 6/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Jacksonville Florida 32216 Unliquidated Zip Code City Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that

✓ No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

you did not report as priority claims

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Debora Case 15-43234 o Doc 1 Filed 12423415 <u>Entered</u> 1:2423/115/118:413:28 <u>Desc Main</u> Debtor 1 First Name Middle Name Document Page 26 of 65 Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. 4.7 SUN CASH \$400.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 598 Torrence Ave Number Street As of the date you file, the claim is: Check all that apply. Contingent Calumet City 60409 Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Is the claim subject to offset? **✓** No Yes 4.8 US Payday Loans \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8127 South Cicero Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 60652 Chicago Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify Is the claim subject to offset? **✓** No Yes 4.9 USA Payday Loans \$1.00 Last 4 digits of account number Nonpriority Creditor's Name 1541 N. LEWIS AVENUE When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Waukegan 60085 Illinois Unliquidated Zip Code City Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset?

✓ No ☐ Yes Debtor 1 Debora Case 15-43234 ODOC 1 Filed 12/423/15 Entered 12/23/15 AkSid 3:28 Desc Main
First Name Middle Name Document Page 27 of 65

Add the Amounts for Each Type of Unscharge Claim

Part 4: First Name Middle Name DOCUMENT Part 4: Add the Amounts for Each Type of Unsecured Claim

		nts of certain types of unsecured claims. This information is fo as for each type of unsecured claim.	r sta	atistical reporting purposes	only. 2
				Total claims	
Total claims from Part 1	6a.	Domestic support obligations.	6a.	\$0.00	
IIOIII Fait I	6b.	Taxes and certain other debts you owe the	6b.	\$300.00	
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00	
	6e.	Total. Add lines 6a through 6d.	6e.	\$300.00	
				Total claims	
Total claims from Part 2	6f.	Student loans	6f.	\$0.00	
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$3,261.00	
	6i	Total Add lines 6f through 6i	6i	\$3,261,00	

Doc 1 Filed 12/23/15 Entered 12/23/15 18:13:28 Desc Main Fill in this information to identify your case: Debtor 1 Deborah Maxwell First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an Official Form 106G amended filing Schedule G: Executory Contracts and Unexpired Leases Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. State what the contract or lease is for Person or company with whom you have the contract or lease Furniture Lease, 2.1 **SEARS** Debtor is Lessee, Name Stove (Rent to Own) PO BOX 1990 Number Street **TEMPE** 85280 Arizona State Zip Code City 2.2 Other, Dish Network Debtor is Lessee, Name Satellite Dish Receiver 9601 S Meridian Blvd Number Street

Englewood

City

Colorado

State

80112

Zip Code

		0 15 1000	. 5 4 5 14	0/00/45 5 / 1	40/00/45 40 40 00	5 44 .
Fill	in this inform	Case 15-43234 nation to identify your case		2/23/15 Entered	12/23/15 18:13:28	Desc Main
De	btor 1	Deborah	0	Maxwell		
		First Name	Middle Name	Last Name		
	btor 2 bouse, if filing	First Name	Middle Name	Last Name		
Un	ited States B	ankruptcy Court for the:	Northern	District of Illinois		
	se number			(State)		
(anown,					Check if this is a
\bigcirc	fficial F	Form 106H				amended filing
		e H: Your Co	debtors			12/1:
1.	Do you have No Yes Within the	ve any codebtors? (If you	u are filing a joint case, do not	list either spouse as a codebt	or.)	ase number (if known). Answer
	Yes. D		ouse, or legal equivalent live v	vith you at the time?		
		No Yes. In which community st	ate or territory did you live?	Fi	Il in the name and current addres	ss of that person.
		Name of your spouse, fo	rmer spouse, or legal equivale	ent	_	
		Number Street			_	
		City	State	Zip Code	_	
3.	as a codeb	tor only if that person is	a guarantor or cosigner. N	lake sure you have listed th		the person shown in line 2 again ficial Form 106D), <i>Schedule E/F</i> olumn 2.
	Column 1:	Your codebtor			Column 2: The creditor to	whom you owe the debt

Check all schedules that apply:

Debtor 1 Deborah	Fill in this info	rmation to identify	your case:			3/15 18	:13:28	Desc M	ain	
Check if this is: Spouse, if filing) First Name			Docar	•	C 30 01	00				
An amended filing First Name Middle Name Last Name Middle Name Middl						-				
United States Bankrupticy Court for the: Northern	Debtor 2						_			
Difficial Form 106l Schedule I: Your Income as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, clude information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. 2art 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Most Employed Debtor 1 Debtor 2 Employed Debtor 3 Debtor 2 Employed Debtor 4 Debtor 2 Employed Debtor 5 Employed Debtor 6 Employed Debtor 7 Employed Debtor 8 Employer's name Dart Container Corp. Employer's address Dart Container Corp. Employer's address Employer's address Dart Container Corp. Employer's state Zip Code City State Zip Code City State Zip Code	Spouse, if filing)	First Name	Middle Name	Last Name		_	An ame	nded filing		
Official Form 1061 Schedule I: Your Income scomplete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally esponsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, clude information about your spouse. If you are separated and your spouse is not filling with you, do not include formation about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment Information If you have more than one job, attach a separate page with information about additional employers. Employment status Debtor 1	Jnited States Ban	kruptcy Court for the:	Northern			_				
e as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally sponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, so living with you, do not include information about your spouse. If you are separated and your spouse is not filling with you, do not include formation about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. 2art 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's name Employer's name Dart Container Corp. Employer's address 150Saunders Rd Ste 150 Number Street How long employed there? 22 years 11 months 150 State Zip Code City State Zip Code City State Zip Code							MM / D	D/YYYY	-	
e as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally exponsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, clude information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Debtor 1 Debtor 2 Employed Debtor 2 Employed Mot Employed Mot Employed Deparator Employer's name Dart Container Corp. Employer's address 150Saunders Rd Ste 150 Number Street Number Street How long employed there?	Official F	orm 106l								
esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, iclude information about your spouse. If you are separated and your spouse is not filling with you, do not include formation about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional area spouse, write your name and case number (if known). Answer every question. 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Cocupation Debtor 1 Debtor 2 Employed Not Employed Not	chedule	: I: Your Inc	ome							12
If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employement status Employed	formation at ages, write y	oout your spouse our name and ca	e. If more space is neede se number (if known). A	ed, attach a se	parate s					
If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employment status V Employed Not Employed Not Employed				Debtor 1			Debtor 2	!		
job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's address Employer's address 150Saunders Rd Ste 150 Number Street			Employment status	✓ Employed			Employ	yed		
information about additional employers. Employer's name Employer's name Employer's address Employer's address Employer's address Dart Container Corp. Employer's address 150Saunders Rd Ste 150 Number Street Number Street Number Street Number Street Number Street Number Street How long employed there? How long employed there?	•	lave more than one		Not Employed	b		☐ Not En	nployed		
Employer's name Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Employer's name Dart Container Corp. 150Saunders Rd Ste 150 Number Street			Occupation	Operator						
Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Dart Container Corp. 150Saunders Rd Ste 150 Number Street Number Str			•							
or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? State Steet Steet			Employer's name	Dart Container C	orp.					
student or homemaker, if it applies. Lake Forest Illinois 60045 City State Zip Code City State Zip Code City State Zip Code	or	•	Employer's address		Ste 150		Number Stre	eet		
or homemaker, if it applies. Lake Forest Illinois 60045 City State Zip Code City State Zip Code City State Zip Code		•								
City State Zip Code City State Zip Code How long employed there? 22 years 11 months				Lake Forest	Illinois	60045				
How long employed there? 22 years 11 months							City	St	ate	Zip Code
Citya Dataila Alaast Manthly Income			How long employed there?	22 years 11 month	ns					
Part 2: Give Details About Monthly Income	Part 2: Give	Details About N	Monthly Income							
			re than one employer, combine th	ne information for all	l employers	for that person on	the lines bel	ow. If you nee	d more	space, attach
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach	a separate sneet	LIO MISTOTTI.			For	Debtor 1				
are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse			•			\$2,712.06			-	
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse	3. Estimate a	and list monthly overt	ime pay.	3.		+ \$0.00			_	
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 End Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	4. Calculate	gross income. Add line	e 2 + line 3.	4.		\$2,712.06				

Debtor 1 Deborah Case 15-43234 o Doc 1 Filed 12//23/115 Entered 12/23/45 18:13:28 Desc Main Documentame Page 31 of 65 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4. \$2,712.06 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$583.14 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$170.99 5e. Insurance 5e. \$132.08 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. + \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$886.21 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,825.85 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation \$0.00 8d. 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies \$0.00 Specify: 8f. 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. + \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$646.69 10. Calculate monthly income. Add line 7 + line 9. 10. \$2,472,54 \$2,472,54 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Voluntary Household Contributions \$0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$2,472,54 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No Yes. Explain:

Filed 12/23/15 Entered 12/23/15 18:13:28 Desc Main Debtor 1 Deborah Case 15-43234 o Doc 1 First Name Middle Name

Middle Name

Documentame Page 32 of 65

For Debtor 1

For Debtor 2 or non-filing spouse

	Case 15-4323	4 Doc 1 Filed 1	2/23/15 Entered 12/	23/15 18:13:28	Desc M	lain
Fill in this inform	nation to identify your case		<u> </u>			
Debtor 1	Deborah	0	Maxwell			
İ	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing	1) First Name	Middle Name	Loot Nome	Check if this is:		
(Opodoo, ii iiiiiig	7 Filst Name	iviluale name	Last Name	An amended filin		
United States B	ankruptcy Court for the:	Northern	District of Illinois	A supplement si expenses as of		
Case number			(State)	CAPCHISCS AS OF	are following a	aic.
(If known)				MM / DD / YYY	Υ	
Official F	Form 106J					
						
Scheaui	e J: Your Ex	penses				12/1
			e filing together, both are equally form. On the top of any additiona			umber
	wer every question.		ornii on the top of any additions	ii pages, write your nam	ic and case i	
Part 1: Desc	cribe Your Househo	old				
1. Is this a join	t case?					
✓ No. Go	to line 2					
Yes. Do	oes Debtor 2 live in a se	parate household?				
	-	F 				
L	No					
L	-	• •	ses for Separate Household of Debt	or 2.		
	e dependents?					
Do not list De Debtor 2.		es. Fill out this information for ach dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does de with you	pendent live ?
3. Do your exp	enses include					-
expenses of	f people other	0				
than yourself and	l vour	es				
dependents	•					
Part 2: Estin	nate Your Ongoing	Monthly Expenses				
rait Z. LStill						4
	expenses as of your ba		ou are using this form as a supp plemental Schedule J, check the	-	-	
-		aptoy is inca. Il tilis is a sap				
-	of a date after the bankru	aptoy to med. If this is a sup	,			
expenses as o applicable date	of a date after the bankrue. ses paid for with non-ca	ash government assistance	if you know the value of			
expenses as o applicable date Include expensuch assistance	of a date after the bankrue. ses paid for with non-cace and have included it	ash government assistance on Schedule I: Your Income	if you know the value of e (Official Form B 106l.)			Your expenses
expenses as o applicable date Include expens such assistance 4. The rental of	of a date after the bankrue. ses paid for with non-cace and have included it	ash government assistance on Schedule I: Your Income	if you know the value of		4	Your expenses \$700.00
expenses as o applicable date Include expens such assistance 4. The rental of any rent for	of a date after the bankrue. ses paid for with non-cace and have included it or home ownership expe	ash government assistance on Schedule I: Your Income	if you know the value of e (Official Form B 106l.)		4.	•
expenses as o applicable date Include expens such assistance 4. The rental of any rent for	of a date after the bankrue. ses paid for with non-cace and have included it or home ownership expert the ground or lot. 4. uded in line 4:	ash government assistance on Schedule I: Your Income	if you know the value of e (Official Form B 106l.)		4. 4a	•
expenses as o applicable date. Include expensuch assistance. 4. The rental of any rent for If not include. 4a. Real es	of a date after the bankrue. ses paid for with non-cace and have included it or home ownership expert the ground or lot. 4. uded in line 4:	ash government assistance on Schedule I: Your Income enses for your residence. Inc	if you know the value of e (Official Form B 106l.)			\$700.00

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 4 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 7 Debtor 7 Debtor 7 Debtor 7 Debtor 8 Deb

riist name Middle Name Documenter Page 34 of 65		
		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$200.00
6b. Water, sewer, garbage collection	6b.	\$5.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$125.00
6d. Other. Specify:	6d	\$0.00
7. Food and housekeeping supplies	7.	\$350.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$125.00
10. Personal care products and services	10.	\$75.00
11. Medical and dental expenses	11.	\$100.00
12. Transportation. Include gas, maintenance, bus or train fare.		\$250.00
Do not include car payments	12.	
13. Entertainment, clubs, recreation, newspapers, magazines, and books14. Charitable contributions and religious donations	13.	\$0.00
Ç	14.	\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$180.00
15d. Other insurance. Specify:	15d	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16	\$0.00
17. Installment or lease payments:	16	
17a. Car payments for Vehicle 1	17a	\$308.00
17b. Car payments for Vehicle 2	17b	\$0.00
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:	17d	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from	114	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19. Other payments you make to support others who do not live with you. Specify:		£0.00
20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	\$0.00
20a. Mortgages on other property	200	\$0.00
20b. Real estate taxes 20b.	20a	\$0.00
20c. Property, homeowner's, or renter's insurance	20b	\$0.00
20d. Maintenance, repair, and upkeep expenses 20d.	20c 20d	\$0.00
20e. Homeowner's association or condominium dues	20u 20e	\$0.00
	20 0	ψυ.υυ

	が心めではる。28 Desc Main	
21. Other. Specify: Stove Lease Dish Network Middle Name Documering Page 35 of 65	21	\$50.00
22. Calculate your monthly expenses.		\$2,468.00
22a. Add lines 4 through 21.		\$0.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$2,468.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22.	
23.Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,472.54
23b. Copy your monthly expenses from line 22 above.	23b	\$2,468.00
23c. Subtract your monthly expenses from your monthly income.		\$4.54
The result is your monthly net income.	23c	
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
□ No		
✓ Yes		
Explain here: Apartment lease starting 1/1/2016		

		Case 15-4323	4 Doc 1 Filad 1	2/22/15 Entor	<u>red 12/2</u> 3/15 18:13:28	Dosc Main
Fill i	n this inform	nation to identify your case		217.3/1.3 1 IIIEI	FII 1272 3/13 10.13.20	Desc Main
Deb	otor 1	Deborah	0	Maxwell		
		First Name	Middle Name	Last Name		
	otor 2 ouse, if filing	First Name	Middle Name	Last Name		
Unit	ted States B	ankruptcy Court for the:	Northern	District of Illinois		
		• •		(State)		
	se number nown)					
Of	ficial f	orm 106De	<u>C</u>			Check if this is a amended filing
De	clarat	ion About a	n Individual De	btor's Sche	dules	12/1
f two	o married p	eople are filing togethe	r, both are equally responsi	ble for supplying corre	ect information.	
1519,	, and 3571.	Below	eone who is NOT an attorney			ars, or both. 18 U.S.C. §§ 152, 1341,
	✓ No					
		Name of person		Attach Bankrupt Signature (Offici	tcy Petition Preparer's Notice, Decla ial Form 119).	ration, and
×	that they a	nalty of perjury, I declare are true and correct. ah Maxwell	e that I have read the summa	ary and schedules filed	with this declaration and	
	Signature of	of Debtor 1		Signa	ature of Debtor 2	
	Date 12/24	4/2015 /DD/YYYY		Date	MM/DD/YYYY	

Filli	in this inform	Case 15-4323		Filed 12/23/15	Entered 12	23/15 18:13:28	Desc Main
	otor 1	Deborah	0	Maxwell	1		
		First Name	Middle I				
	otor 2 ouse, if filing	First Name	Middle I	Name Last Na	me		
Unit	ted States Ba	ankruptcy Court for the:	Northern	District of Illin	ois		
Cas	se number			(Sta	ate)		
(If kı	nown)						Check if this is a
Of	ficial F	Form 107					amended filing
Sta	ateme	nt of Financ	ial Affairs	for Individua	ls Filing	for Bankrupt	icy 12/1
							ying correct information. If more er (if known). Answer every question
						Thank and base name	or (in Miching, Allower every question
Par				and Where You Live	ea Betore		
1.	What is	your current marital sta	atus?				
	☐ Mar ✓ Not	ried married					
2.	During tl	ne last 3 years, have yo	u lived anywhere o	other than where you live	now?		
	✓ No Yes.	List all of the places you l	ived in the last 3 yea	ars. Do not include where yo	ou live now.		
	Deb	tor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
					Same as I	Debtor 1	Same as Debtor 1
	Num	ber Street		From	Number Stree	 et	From
				To			To
				_			
	City	State	Zip Code		City Same as I	State Zip C Debtor 1	Code Same as Debtor 1
					_		_
	Num	ber Street		From	Number Stree	et	From
				_ To			To
	City	State	Zip Code	_	City	State Zip C	<u>Code</u>
3.	Within the	last 9 years, did you o	or live with a ana	use or logal aguivalent in	o community pre	marty atota or tarritory?	(Community property states and
J.				Nevada, New Mexico, Puer			
	✓ No	alsa assas see see see		Adams (Official Forms 400) N			
	☐ Yes. M	ake sure you fill out Sche	uule H: Your Codeb	otors (Official Form 106H).			

Debtar 1 Debtar Case 15-43234 o Doc 1 Filed 12/03/45 Fintered 12/03/45/48:13:28 Desc Main

Part	First Name Middle N. 2: Explain the Sources of Your Inc.	Document	Page 38 of 65	шер (пвирод 3. <u>20 De30</u>	, ινιαιτι							
4.	Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details.											
		Debtor 1		Debtor 2								
		Sources of income Check all that apply. Gross income (before deductions and exclusions)		Sources of income Check all that apply.	Gross income (before deductions and exclusions)							
	From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$33383.00	Wages, commissions, bonuses, tips Operating a business								
	For last calendar year: (January 1 to December 31,	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$34620.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business								
	For last calendar year: (January 1 to December 31, 2013) YYYY	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$41566.00									
5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a journal and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.												
		Debtor 1		Debtor 2								
		Sources of income Describe below. Gross income from each source (before deductions and exclusions)		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)							
	From January 1 of current year until the date you filed for bankruptcy:											

	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)		
From January 1 of current year until the date you filed for bankruptcy:						
For last calendar year: (January 1 to December 31,						
For last calendar year: (January 1 to December 31,						

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Pa	rt 3:	List Ce	rtain Pa	yments Y	ou Made Before	You Filed for Ban	kruptcy					
6.	Are e	ither Deb	otor 1's o	Debtor 2's	debts primarily con	sumer debts?						
	✓ N				tor 2 has primarily o	onsumer debts. Cons	onsumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily					
		Durin	g the 90 d	lays before y	ou filed for bankruptcy	did you pay any credito	r a total of \$6,225* or more?					
		 	No. Go to	line 7.								
			total	amount you	paid that creditor. Do	not include payments fo	more in one or more payment or domestic support obligation attorney for this bankruptcy c	s, such as				
	* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.											
	Y	es. Debt	or 1 or D	ebtor 2 or b	oth have primarily o	onsumer debts.						
		Durin	g the 90 d	lays before y	ou filed for bankruptcy	did you pay any credito	r a total of \$600 or more?					
		!	No. Go to	line 7.								
	Yes. List below each creditor to whom you per that creditor. Do not include payments alimony. Also, do not include payments					for domestic support ob	ligations, such as child supp					
						Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
		Creditor's Number City		State	Zip Code				Mortgage Car Credit card Loan repayment Suppliers or vendors			
		City		State	Zip Code				Other			
		Creditor's	s Name						Mortgage Car			
		Number	Street						Credit card Loan repayment Suppliers or			
		City		State	Zip Code				vendors Other			
		Creditor's	s Name				_		Mortgage Car			
		Number	Street						Credit card			
									Loan repayment			
		City		State	Zip Code				Suppliers or vendors			
		Only		Olulo	21p 0000				Other			

oDoc 1 Filed 121/23/15 Entered 12/23/115 /118/13:28 Desc Main Debtor 1 Document Page 40 of 65 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Number Street Citv State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

	n 1 year before you filed for bankruptcy, we such matters, including personal injury cases es.						stody modifications, and	contract
	lo es. Fill in the details.							
		Nature of	the case	Court or age	ency		Status of the case	
	Case title						Pending	
				Court Name			On appeal	
	Case number			Number Stree	ot .		Concluded	
				Number office	J.		—	
				City	State	Zip Code		
	Case title						Pending	
				Court Name			On appeal	
	Case number			Number Stree	nt .		Concluded	
				Number Street	51		_	
				City	State	Zip Code	-	
	Yes. Fill in the information below. Creditor's Name Number Street		Describe the proper			Date	Value of the property	
	Transci Succi		Property was repo	nesessed				
	City State Zip Co	nde	Property was fore					
	City Citate Zip Co		Property was gari					
		j	Property was atta	ched, seized, or	levied.			
			Describe the proper	ty		Date	Value of the property	
	Creditor's Name							
			Explain what happer	ned				
	Number Street							
			Property was repo					
	City State Zip Co	ode	Property was fore					
			Property was gard		loviad			
			Property was atta	criea, seizea, or	ieviea.			

Debtor 1		<u>d 12½3¼15 Entered</u> 12½23¼15 ¼&;43: ocument Page 42 of 65	: <u>28 Desc</u>	<u>Maın</u>
		creditor, including a bank or financial institution, set of	ff any amounts fi	om your
✓	No Yes. Fill in the details.			
		Describe the property	Date	Value of the property
	Creditor's Name			
	Number Street			
	City State Zip Code	Last 4 digits of account number: XXXX-		
	thin 1 year before you filed for bankruptcy, was any o eiver, a custodian, or another official?	f your property in the possession of an assignee for th	e benefit of cred	tors, a court-appointed
	No Yes			
Part 5:	List Certain Gifts and Contributions			
	-	give any gifts with a total value of more than \$600 per	person?	
	No Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift			
	Number Street			
	City State Zip Code Person's relationship to you			
	Person to Whom You Gave the Gift			
	Number Street			
	City State Zip Code			

			d 121/23/15 Entered 12/23/15 /18/13 ocument Page 43 of 65	: <u>28 Desc</u>	<u>Main</u>
14.	Wit		give any gifts or contributions with a total value of mor	e than \$600 to an	v charity?
	_		, , <u></u>	, , , , , , , , , , , , , , , , , , , ,	
	빔	No Yes. Fill in the details for each gift or contribution.			
	ш	Gifts with a total value of more than \$600	Describe the gifts	Dates you	Value
		per person		gave the gifts	
		Charity's Name			
		Number Street			
		Trained Street			
		City State Zip Code			
Part	6:	List Certain Losses			
15.		nin 1 year before you filed for bankruptcy or since youlding?	ou filed for bankruptcy, did you lose anything because	of theft, fire, othe	r disaster, or
	gan	ibiling:			
		No			
	Ш	Yes. Fill in the details.	Describe any incurance severage for the loss	Data of your	Value of property loca
		Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
			Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i>		
			,,,		
Part	7:	List Certain Payments or Transfers			
			anyone else acting on your behalf pay or transfer any p	property to anyor	ne you consulted about
	seel	king bankruptcy or preparing a bankruptcy petition?			ne you consulted about
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit	,		ne you consulted about Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit	counseling agencies for services required in your bankrupto	Date payment or transfer	
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details.	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit	counseling agencies for services required in your bankrupto	Date payment or transfer	
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code Email or website address	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code Email or website address	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	seel	king bankruptcy or preparing a bankruptcy petition? Ide any attorneys, bankruptcy petition preparers, or credit No Yes. Fill in the details. Leshinsky, Roger Person Who Was Paid Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street	counseling agencies for services required in your bankrupto Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1		led 12½3/15 Entered 12 Document Page 44 of		: <u>28 Desc</u>	Main
you	lithin 1 year before you filed for bankruptcy, did you bu deal with your creditors or to make payments to you not include any payment or transfer that you listed on lin	or anyone else acting on your behalf your creditors?		property to anyor	e who promised to he
<u>~</u>	No Yes. Fill in the details.				
		Description and value of any prop	perty transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid	_			
	Number Street	_			
	City State Zip Code	_			
Inc	rdinary course of your business or financial affairs? clude both outright transfers and transfers made as secunsfers that you have already listed on this statement. No Yes. Fill in the details.		erest or mortgage or	your property). Do	not include gifts and
	Too. The in the details.	Description and value of any property transferred		property or paym	
	Person Who Was Paid	- Property transferred	10001100 01 0	obio paid iii okoii	
	Number Street	_			
	City State Zip Code Person's relationship to you				
	Person Who Was Paid				
	Number Street				
	City State Zip Code Person's relationship to you				
	fithin 10 years before you filed for bankruptcy, did you hese are often called asset-protection devices.)	ou transfer any property to a self-settle	ed trust or similar d	evice of which yo	u are a beneficiary?
✓	No Yes. Fill in the details.				
	_	Description and value of the pro	perty transferred		Date transfer was made
	Name of trust				

Debtor 1 Debora Case 15-43234 ODOC 1 Filed 12/12/3/15 Entered 12/12/3/115 (1/18/13):28 Desc Main

st Name Middle Name Documer Page 45

	1 ii St Name	Middle Harrie	Document	Page 45 of 65	
Part 8:	List Certain Financial Ac	counts, Instri	uments, Safe Dep	osit Boxes, and Storage	Units

or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.										
	No Yes. Fill in the deta	ails.								
				Last 4	4 digits of account er	Type of instrun	account or nent	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
	Person Who Was	Paid		— xxxx	-		ecking vings			
	Number Street			_		Bro	ney market kerage			
	City	State	Zip Code	xxxx	-	Oth	ecking			
	Person Who Was	Paid				Sav	vings			
	Number Street					Bro	ney market kerage			
	City	State	Zip Code			Oth	ner			
valua	whites, or capbles? No Yes. Fill in the deta		viiiii i yeai bei		had access to it?	iy sale deposi	t box or other depositor		Do you still have it?	
	Name of Financia	l Institution		Name					□ No	
	Number Street	ii iiisutuuori		Number	Street				Yes	
		Ctata	7:- CI-			7:- C				
	City	State	Zip Code	City	State	Zip Code	<u> </u>	•		
<u> </u>			ge unit or place	other than	your nome within 1	i year before y	ou filed for bankruptcy	?		
_				Who else	had access to it?		Describe the contents	S	Do you still have it?	
	Name of Storage	Facility		Name					☐ No	
	Number Street			Number	Street				Yes	
	City	State	Zip Code	City	State	Zip Code				

First Name	Middle Name	Docum	•	je 40 01 03		
				pperty you borro	owed from, are storing for, or hold in tru	st for someone
No	y that combolie	Cido Omila: I	oiddo dify pro	porty you bolle		o. Tor Jointone.
		Where is th	ne property?		Describe the contents	Value
Owner's Name		Number Str	reet		-	
Number Street		- City	Ctata	7in Codo	-	
Number Street		- City	State	Zip Code		
City State	Zip Code					
Give Details About Envi	ronmental In	formation				
urpose of Part 10, the following de	finitions apply:					
zardous or toxic substances, was	tes, or material ir	nto the air, land	l, soil, surface wa	ater, groundwater		
te means any location, facility, or p	property as define	d under any en	•		own, operate, or utilize it	
·			as a hazardous w	aste, hazardous s	substance,	
xic substance, hazardous materia	l, pollutant, conta	minant, or sim	ilar term.			
notices, releases, and proceeding	gs that you know	about, regardle	ess of when they	occurred.		
any governmental unit notified	l you that you n	nay be liable o	or potentially li	able under or in	violation of an environmental law?	
No						
Yes. Fill in the details.		Governmen	ntal unit		Environmental law, if you know it	
		Governmen	intai uiiit		Liviloninentariaw, ii you know it	Date of notice
Name of site		Government			_	Date of notice
			tal unit		-	Date of notice
Number Street		Number Str			-	Date of notice
Number Street City State	Zip Code	Number Str		Zip Code	-	Date of notice
		City	reet	•	-	Date of notice
City State		City	reet	•	-	Date of notice
City State		City lease of haza	State	•	-	
City State you notified any government		City	State	•	Environmental law, if you know it	Date of notice
City State you notified any government		City lease of haza	State rdous material	•	Environmental law, if you know it	
City State e you notified any government No Yes. Fill in the details.		City clease of haza	State rdous material ntal unit	•	Environmental law, if you know it	
	No Yes. Fill in the details. Owner's Name Number Street City State Give Details About Environmental law means any federal arrows or toxic substances, was cluding statutes or regulations content means any location, facility, or pused to own, operate, or utilize it arrangemental means anything xic substance, hazardous material notices, releases, and proceeding any governmental unit notified No Yes. Fill in the details.	No Yes. Fill in the details. Owner's Name Number Street City State Zip Code Give Details About Environmental In urpose of Part 10, the following definitions apply: nvironmental law means any federal, state, or local izardous or toxic substances, wastes, or material in cluding statutes or regulations controlling the clear ite means any location, facility, or property as define used to own, operate, or utilize it, including disposa azardous material means anything an environmenta xic substance, hazardous material, pollutant, contail notices, releases, and proceedings that you know any governmental unit notified you that you in No Yes. Fill in the details.	No Yes. Fill in the details. Where is the Number Street City State Zip Code Give Details About Environmental Information Lurpose of Part 10, the following definitions apply: Invironmental law means any federal, state, or local statute or regulations controlling the cleanup of these substances, wastes, or material into the air, land cluding statutes or regulations controlling the cleanup of these substances and proceedings that you know about, regardly any governmental unit notified you that you may be liable on Yes. Fill in the details. Governme	No No Yes. Fill in the details. Where is the property? Owner's Name Number Street City State Zip Code Give Details About Environmental Information Urpose of Part 10, the following definitions apply: nvironmental law means any federal, state, or local statute or regulation concerning transcribed substances, wastes, or material into the air, land, soil, surface was cluding statutes or regulations controlling the cleanup of these substances, wastes for means any location, facility, or property as defined under any environmental law, used to own, operate, or utilize it, including disposal sites. Pazardous material means anything an environmental law defines as a hazardous waste substance, hazardous material, pollutant, contaminant, or similar term. Inotices, releases, and proceedings that you know about, regardless of when they any governmental unit notified you that you may be liable or potentially list.	rou hold or control any property that someone else owns? Include any property you borron No Yes. Fill in the details. Where is the property? Owner's Name Number Street City State Zip Code Give Details About Environmental Information Lipose of Part 10, the following definitions apply: Invironmental law means any federal, state, or local statute or regulation concerning pollution, contained acardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater cluding statutes or regulations controlling the cleanup of these substances, wastes, or material. Ite means any location, facility, or property as defined under any environmental law, whether you now used to own, operate, or utilize it, including disposal sites. Lazardous material means anything an environmental law defines as a hazardous waste, hazardous skic substance, hazardous material, pollutant, contaminant, or similar term. Linotices, releases, and proceedings that you know about, regardless of when they occurred. Lany governmental unit notified you that you may be liable or potentially liable under or in No Yes. Fill in the details.	The property You Hold or Control for Someone Else Tou hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in true. No Yes. Fill in the details. Where is the property? Number Street City State Zip Code City Stat

Debtor 1 Debora Case 15-43234 ODOC 1 Filed 12/123/15 Entered 12/12/23/165/168/13:28 Desc Main

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		First Name	Middle Name	Do	ıcume⊓t™ Pa	ge 47 of 65				
26.	Hav	e you been a party in	any judicial or adminis	trative p	roceeding under any	environmental law	/? Include	settlements	and orders.	
	V	No								
		Yes. Fill in the details.								
				Cou	irt or agency		Nature of	the case		Status of the
										case
		Case title								Pending
		Case title		Cou	rt Name					r ending
										On appeal
				Nun	nber Street					Concluded
		Case number			Otata	7:- 0				_
				City	State	Zip Code				
Part '	11:	Give Details Abo	ut Your Business o	r Con	nections to Any E	Business				
							_			
27.	With	nin 4 years before you	ı filed for bankruptcy, d	id you o	wn a business or hav	e any of the follow	ing conne	ctions to any	y business?	
		A sole proprietor of	or self-employed in a trade	e, profes	sion, or other activity, e	ither full-time or part	t-time			
		A member of a lim	nited liability company (LL	.C) or lim	ited liability partnership	(LLP)				
		A partner in a part	tnership							
		An officer, director	, or managing executive	of a corp	oration					
		An owner of at lea	st 5% of the voting or equ	uity secu	rities of a corporation					
	V	No. None of the above	applies. Go to Part 12.							
			ly above and fill in the det	ails belov	v for each business.					
					Describe the nature	of the business	Е	Employer Ide	entification numb	per Do not
							il	nclude Socia	al Security numb	er or ITIN.
							E	IN:		
		Business Name								
		Number Street						Dates busine	ess existed	
					Name of accountant	t or bookkeeper				
		City	State Zip Coc	le			F	rom	To	
					Describe the nature	of the business	E	Employer Ide	entification numb	per Do not
									al Security numb	
							Е	IN:		
		Business Name								
		Number Street						Dates busine	ess existed	
		Number Street			Name of accountant	t or bookkeeper				
		City	State Zip Coo	<u> </u>			F	rom	To	
		Oity	21p 000							
					Describe the nature	of the husiness	F	mnlover Ide	entification numb	ner Do not
					Describe the nature	or the business			al Security numb	
							F	IN:		
		Business Name					-			
								Notoe bessies -	oo ovieted	
		Number Street			Name of accountan	t or bookkeeper		Dates busine	SS EXISTEU	
		0.1	0(-)			•		rom	To	
		City	State Zip Coo	ie			[10111	To	_

Debt	or 1	Debora Ca.	se 15-43234	oDoc 1		12//23/15 cumethe		<u>red</u> 1 2/23/115 /148/13: <u>2</u> 48 of 65	28 Desc Main	
		nin 2 years t litors, or oth	•	bankruptcy, d				o anyone about your business	s? Include all financial institu	utions,
	✓	No Yes. Fill in th	ne details below.							
	_					Date issued				
		Name				MM/DD/YYYY				
		Number	Street							
		City	State	Zip Co	de					
Part	12:	Sign Bel	ow							
a	ınd c	orrect. I und	derstand that maki	ng a false stat up to \$250,000	ement, c	oncealing prop	erty, or ob	, and I declare under penalty of taining money or property by rs, or both. 18 U.S.C. §§ 152, 13	fraud in connection with a	re true
			Signature of Debto	r 1				Signature of Debtor 2		
			Date 12/24/2015					Date		
[Did y	ou attach a	dditional pages to	Your Statemer	nt of Fina	ncial Affairs for	Individu	als Filing for Bankruptcy (Offic	cial Form 107)?	
	✓ N	No								
[Y	/es								
	Did y	ou pay or a	gree to pay someo	ne who is not a	an attorne	ey to help you fi	ll out ban	kruptcy forms?		
	✓ N	No								
	Y	es. Name of	person					Attach the Bankruptcy Pe Declaration, and Signatur	•	

Fill in this inform	Case 15-4323		2/23/15 Entered	<u>12/2</u> 3/15 18:13:28	Desc Main
Fill in this inform	nation to identify your cas	e.	U		
Debtor 1	Deborah	0	Maxwell		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	First Name	Middle Name	Last Name		
United States E	Sankruptcy Court for the:	Northern	District of Illinois		
		-	(State)		
Case number					
(If known)					
Official I	Form 108				amended filing
Stateme	ent of Intenti	on for Individu	ials Filing Und	ler Chapter 7	12/15
■ creditors ha■ you have leaYou must file th	ve claims secured by you ased personal property his form with the court w	and the lease has not expire within 30 days after you file	ed. your bankruptcy petition o	r by the date set for the meetir to the creditors and lessors yo	•
	people are filing togethen nust sign and date the	er in a joint case, both are e form.	qually responsible for sup	plying correct information.	
•	e and accurate as possi e and case number (if k	•	I, attach a separate sheet to	o this form. On the top of any a	dditional pages,

Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? ✓ No. Surrender the property. Creditor's name: FAYFINANCIAL Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: | Value: \$66,500.00 Retain the property and [explain]: Creditor's Surrender the property. ✓ No. name: GM Financial Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. 2011 Kia Forte Est. 121,000 miles | Value: \$4,100.00 securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. Yes. name: Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]:

Debtor Debo Gase 15-43234 Doc 1 Filed 12/23/45 Entered 12/23/45-18;13:28 Desc Main Middle Name Document Nam Page 50 of 65/

First Name

Part 2: List Your Unexpired Personal Property Leases

	leases are leases that are still in effect; the lease period has not yet ended. You may assume an ssume it. 11 U.S.C. § 365(p)(2).
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: SEARS	□ No ✓ Yes
Description of leased property: Stove (Rent to Own)	
Lessor's name: Dish Network	□ No ✓ Yes
Description of leased property: Satellite Dish Receiver	
Lessor's name:	□ No □ Yes
Description of leased property:	
Lessor's name:	□ No □ Yes
Description of leased property:	
Lessor's name:	□ No □ Yes
Description of leased property:	
Lessor's name:	□ No □ Yes
Description of leased property:	
Lessor's name:	□ No □ Yes
Description of leased property:	
3: Sign Below	
Under penalty of perjury, I declare that I have indicated nather that is subject to an unexpired lease.	ny intention about any property of my estate that secures a debt and any personal property
/s/ Deborah Maxwell	×
Signature of Debtor 1	Signature of Debtor 1
Date 12/24/2015	Date

MM/DD/YYYY

MM/DD/YYYY

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1550 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Initial: __M____

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "i", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 12/16/15

Client

Client

Attorney

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

re	Deborah Maxwell		Case No.	
_	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE O	F COMPENSATION OF A	ATTORNEY FOR D	EBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. I year before the filing of the petition in bankruptcy in connection w ith the bankruptcy case is as follows:	or agreed to be paid to me, for services rend		
	For legal services, I have agreed to accept			\$1,450.00
	Prior to the filing of this statement I have receive	d		\$0.00
	Balance Due			\$1,450.00
2.	The source of the compensation paid to me was: Debtor	Other (specify)		
3.	The source of the compensation paid to me is: Debtor	Other (specify)		
4.	I have not agreed to share the above-disclor members and associates of my law firm.	sed compensation with any other person unle	ess they are	
		compensation with a other person or persons py of the agreement, together with a list of the attached.		
5.	In return for the above-disclosed fee, I have agre a. Analysis of the debtor's financial situation	ed to render legal service for all aspects of the debtor in determined advice to the debtor in determined and rendering advice and rendering a		n in bankruptcy;
	b. Preparation and filing of any petition, so	nedules, statements of affairs and plan which	h may be required;	
	c. Representation of the debtor at the med	eting of creditors and confirmation hearing, ar	nd any adjourned hearings there	eof;
6.	By agreement with the debtor(s), the above-disc	osed fee does not include the following servi	ices:	
		CERTIFICATION		
	I certify that the foregoing is a complete statement eedings.	of any agreement or arrangement for payme	nt to me for representation of the	e debtor(s) in this bankruptcy
	12/24/2015	,	/s/ Roger Leshinsky	
	Date	;	Signature of Attorney	_
			Semrad Law Firm	
	-		Name of law firm	

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankrupt cy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7 : Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13 : Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12 : Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/forms/hotice-individual-consumer-debtor.

Case 15-43234 Doc 1 Filed 12/23/15 Entered 12/23/15 18:13:28 Desc Main UNITED STATES BANKBURGE GOURT Northern District of Illinois

In re:	Maxwell, Deborah O	Case No			
	Debtor(s)				
		Chapter.	Chapter7		
	VERIFICATIO	N OF CREDITOR MATE	IX		
	The above named Debtors hereby verify that the a	ttached list of creditors is true an	d correct to the best of their knowledge.		
Date:	12/24/2015	/s/ Maxwell, Deborah	0		
		Maxwell Deborah O	<u></u>		

Signature of Debtor

FAYFINANCIA Case 15-43234 Doc 1 Filed 12/23/15 Entered 12/23/15 18:13:28 Desc Main 939 W NORTH AVE Document Page 57 of 65 CHICAGO, 60642

GM Financial PO 183834 Arlington, 76096

RECEIVABLES PERFORMANC 20816 44th Avenue W Lynnwood, 98036

STELLAR RECOVERY INC 4500 Salisbury Rd Ste 10 Jacksonville, 32216

CMRE. 877-572-7555 3075 E IMPERIAL HWY STE BREA, 92821

MBB 1550 N NORTWEST HWY STE 403 PARK RIDGE, 60068

Internal Revenue Service P.O. Box 7346 Philadelphia, 19101

SUN CASH 598 Torrence Ave Calumet City, 60409

USA Payday Loans 1541 N. LEWIS AVENUE Waukegan, 60085

US Payday Loans 8127 South Cicero Chicago, 60652

McNeal Health Network 2384 Paysphere Circle Chicago, 60674

Ingalls Memorial One Ingalls Drive Harvey, 60426

Debtor 1 Deborat Case 15-	Middle Name Last Na	ame – – co-	1∕8•128 Desc Main
Part 6: Answer These Qu	pocumen lestions for Reporting Purposes	Page 58 of 65	
16. What kind of debts do you have?	as "incurred by an individual p No. Go to line 16b. Yes. Go to line 17. 16.b Are your debts primarily bu	orimarily for a personal, family, siness debts? Business debts or investment or through the op	s are debts that you incurred to peration of the business or
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid tha funds will be available for distribution to unsecured creditors?	paid that funds will be available to No. Yes.	u estimate that after any exempt propert	iy is excluded and administrative expenses are
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below			
For you	and correct. If I have chosen to file under Chapt or 13 of title 11, United States Code proceed under Chapter 7. If no attorney represents me and I of fill out this document, I have obtained I request relief in accordance with the I understand making a false statement.	er 7, I am aware that I may properly and read the notice required the chapter of title 11, United Stept, concealing property, or obtain result in fines up to \$250,019, and 3571.	
nakiki mengal 4 manga-4 pendangan kenangan kenangan pengangan kenangan bahan dan pengangan bahan bahan dan pengan	Executed on 12/23/2015 MM / DD / YYY	Executive Y	ted onMM / DD / YYYY

DeboratCase 15-43234 ODoc 1 Filed 12/12/3/415 _Entered_12/12/19/145/148/143:28 Document Page 59 of 65 I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about For your attorney, if eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the you are represented by relief available under each chapter for which the person is eligible. I also certify that I have delivered to the one debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify If you are not that I have no knowledge after an inquiry that the information in the schedules filed with the petition is represented by an incorrect. attorney, you do not X need to file this page. Date 12/23/2015 Signature of Attorney for Debto MM / DD / YYYY Roger Leshinsky Printed name Semrad Law Firm Firm name Number Street City State Zip Code Contact phone Email address

State

Bar number

Fill in this infor	Case 15-/1323				
	mation to identify your cas	e;	12/23/15 Entered	12/23/15 18:13:28	Desc Main
Debtor 1	Deborah	0	Maxwell		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filin	g) First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	Northern	District of Illinois (State)		
Case number (If known)			(Glate)		
	Form 106De	<u>·C</u>			Check if this is a amended filing
Declara	tion About a	n Individual Do	ebtor's Schedu	les	12/1
lf two married	people are filing togethe	er, both are equally respons	sible for supplying correct in	formation.	
1519, and 3571.	•				
Part 1: Sign		one who is NOT an attorne	y to help you fill out bankrup	tcy forms?	
		one who is NOT an attorne	y to help you fill out bankrup	tcy forms?	
Did you p		eone who is NOT an attorne		tition Preparer's Notice, Declara	ition, and

Debto		DeboralCas	se 15-43234	ODOC 1	Filed 12/23/415		12/23/165 (18/16)3:28	Desc Main
28.	Nith	in 2 vears b	efore you filed for		Document	-	のしのち yone about your business? Inc	oludo all financial institutions
		itors, or oth		banki upicy, ui	u you give a ililalicial si	atement to an	yone about your business? In	ande an imanciai institutions,
I	7 1	No						
l] `	Yes. Fill in the	e details below.					
					Date issued			
		Name	· · · · · · · · · · · · · · · · · · ·		MM/DD/YYYY			
		Name			(411 1 / /O.O./ / 1 1 1			
		Number S	treet					
					· · · · · · · · · · · · · · · · · · ·			
		City	State	Zip Cod	e			
Part 1	2:	Sign Belo	w					
11	ave	read the ans	wers on this State	ement of Finar	ncial Affairs and any atta	chments and	i I declare under penalty of perj	jury that the answers are true
ar	d co	orrect. I unde	erstand that makin	ig a false state	ment, concealing prope	rty, or obtaini	ng money or property by fraud	in connection with a
ba	nkrt	uptcy case c	an result in fines u	ıp to \$250,000,	or imprisonment for up	to 20 years, o	r both. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.
		×	/a/Dahamah Masa	// <i>////</i> /	1.714	×		
		_	/s/ Deborah Maxv Signature of Debtor		' -		Signature of Debtor 2	
		_	-				Date	
		L	Date 12/23/2015					
Di	d yo	u attach add	litional pages to Y	our Statement	t of Financial Affairs for	Individuals F	iling for Bankruptcy (Official F	orm 107)?
V	No	0						
	Ye	s						
Di	d yo	u pay or agr	ee to pay someone	e who is not ar	n attorney to help you fil	out bankrup	tcv forms?	
[.7	No				<i>y</i>		•	
ř	e e	s. Name of p	erson				Attach the Bankruptcy Petition I	Preparer's Notice,
Samo	a -		-				Declaration, and Signature (Off	•

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Debtor Deborah O Maxwell Case number (if First Name Middle Name Last Name known) Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: SEARS Description of leased property: Stove (Rent to Own) ☐ No Lessor's name: Dish Network ✓ Yes Description of leased property: Satellite Dish Receiver No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: No Lessor's name: Description of leased property: No Lessor's name: Description of leased property: No Lessor's name: Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease /s/ Deborah Maxwell Signature of Debtor 14 Signature of Debtor 1

Date 12/23/2015 MM/DD/YYYY

MM/DD/YYYY

Case 15-43234 Doc 1 Filed 12/23/15 Entered 12/23/15 18:13:28 Desc Main Document Page 63 of 65

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re	Deborah Maxwell		Case No.	
	Debtor	······································		(If known)
			Chapter	Chapter 7
1.	DISCLOSURE OF Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 year before the filing of the petition in bankruptcy, or in connection w ith the bankruptcy case is as follows:	agreed to be paid to me, for services reno	ne abovenamed debtor(s) and th	at compensation paid to me within one
	For legal services, I have agreed to accept			\$1,450.00
	Prior to the filing of this statement I have received			\$0.00
	Balance Due			\$1,450.00
2.	The source of the compensation paid to me was: Debtor	Other (specify)		
3.	The source of the compensation paid to me is: Debtor	Other (specify)		
4.	I have not agreed to share the above-disclosed members and associates of my law firm.	compensation with any other person unle	ss they are	
	I have agreed to share the above-disclosed cormembers or associates of my law firm. A copy the people sharing in the compensation, is attactive.	of the agreement, together with a list of the		
5.	In return for the above-disclosed fee, I have agreed a. Analysis of the debtor's financial situation, a			in bankruptcy;
	b. Preparation and filing of any petition, sched	ules, statements of affairs and plan which	may be required;	
	c. Representation of the debtor at the meeting	of creditors and confirmation hearing, an	nd any adjourned hearings there	of;
6.	By agreement with the debtor(s), the above-disclose	d fee does not include the following servic	ces:	
		CERTIFICATION		
	certify that the foregoing is a complete statement of an seedings.	ny agreement or arrangement for paymen	nt to me for representation of the	debtor(s) in this bankruptcy
	12/23/2015	/s	s/ Roger Leshinsky	
	Date	S	signature of Attorney	
			Semrad Law Firm	
		***************************************	Name of law firm	

DAV.

Case 15-43234 Doc 1 Filed 12/23/15 Entered 12/23/15 18:13:28 Desc Main UNITED STATES BANKED BACK 69URT Northern District of Illinois

In re:	Maxwell, Deborah O	Case No
	Debtor(s)	Case NO.
		Chapter. Chapter7
	VERIFI	CATION OF CREDITOR MATRIX
	The above named Debtors hereby verify t	that the attached list of creditors is true and correct to the best of their knowledge.
Date:	12/23/2015	/s/ Maxwell, Deborah of
		Maxwell Deborah O

Signature of Debtor

Debtor 1 Debora Case 15-43234 ODOC 1 First Name Middle Name	Filed 12/23/45 En	ntered 12/23/15 18:1) ge 65 of 65	3:28 Desc Ma	ain
	Document 1 aç	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unemployment compensation Do not enter the amount if you contend that the amount is you contend to the your contend that you contend the your contend that you contend the your contend that you contend the your contend th		\$0.00		
Social Security Act. Instead, list it here: For you	\$0.00			
For your spouse	ψυ.ου			
Pension or retirement income. Do not include any a benefit under the Social Security Act.	mount received that was a	\$0.00		
10.Income from all other sources not listed above. So not include any benefits received under the Social Sources as a victim of a war crime, a crime against hudomestic terrorism. If necessary, list other sources on total below.	Security Act or payments manity, or international or			
		40.00		
Total amounts from separate pages, if any.		+\$0.00	+	, <u>, , , , , , , , , , , , , , , , , , </u>
Calculate your total current monthly income. Add column. Then add the total for Column A to the total.		\$ <u>3,541.94</u> +		\$3,541.94
				Total current
Part 2: Determine Whether the Means Test	Annlies to You			monthly income
12. Calculate your current monthly income for the year				
12a. Copy your total current monthly income from line 1	•	Convil	ne 11 here →	\$3,541.94
Multiply by 12 (the number of months in a year).		Сору п	ne il fiele	X 12
12b. The result is your annual income for this part of the	e form.		12b.	\$42,503.28
13 Calculate the median family income that applies to	you. Follow these steps:			
Fill in the state in which you live.	Illinois 1			
Fill in the number of people in your household.				
Fill in the median family income for your state and size	of household.		13.	\$49,682.00
To find a list of applicable median income amounts, go instructions for this form. This list may also be available		ne separate		
14. How do the lines compare?				
14a. 🗹 Line 12b is less than or equal to line 13. On the Go to Part 3.	e top of page 1, check box 1, Ther	e is no presumption of abuse.		
14b. Line 12b is more than line 13. On the top of pa Go to Part 3 and fill out Form 122A-2.	ge 1, check box 2, The presumptio	on of abuse is determined by Form	122A-2.	
Part 3: Sign Below				
By signing here, I declare under penalty of perjury that	the information on this statement	and in any attachments is true and	correct.	
h / / / o	D. 1			
■ Is/ Deborah Maxwell North	W x			
Signature of Debtor 1		ignature of Debtor 2		•
Date 12/23/2015	<u>, </u>	ata		
MM/DD/YYYY	D	ate MM/DD/YYYY		
If you checked line 14a, do NOT fill out or file Form 1 flyou checked line 14b, fill out Form 122A-2 and file				